

Human Interpersonal Relationships and the Love of the Trinity

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Before being trained in theology and Christian counseling, I spent a considerable number of years as a biomedical researcher. In that role, I invested my energies in understanding what we might call the science of love. In scientific terms, we call the love between a mother and baby, or baby and mother, and the love between husband and wife *attachments*. The person to whom that love is directed is referred to as an *object*, an object of our love. The idea was created by John Bowlby, a British psychiatrist, to explain why maternal deprivation leads to depression, anxiety, anger, and delinquency.¹

Basic attachment theory

Human beings, especially children, rely on attachment objects (*safe havens*) to protect them from danger and help them cope with threats. The attachment behavior system functions like a thermostat. A thermostat regulates the temperature of the room by monitoring the “set point” temperature. If the room temperature goes below the set point, it turns on the heat. If the room temperature goes above the set point, it turns on the air conditioning. The attachment system regulates nearness to the attachment figure as the “set point.” If the infant senses any threat (danger in the environment or the threat of losing the attachment object, for example), the attachment system will activate to re-establish close proximity to the caregiver. When the threat abates, other behavioral systems such as exploration and caregiving can be reactivated. The attachment (a.k.a. love relationship) serves as the emotional sea in which we live and move and have our being.

Bowlby’s seminal ideas were first tested by Mary Ainsworth, who created a laboratory procedure that allows us to assess the quality of infant attachment to her or his mother.² This led to an explosion of research exploring the nature, quality, and consequences of infant attachments. It was discovered that infants can develop different ways or *styles* of attaching to their caregivers.

These main categories of attachment styles were *secure* and *insecure* attachment. An infant who is securely attached to her caregiver will find safety from fearful or stressful conditions and a secure base from which to explore her environment. Secure attachment in infancy lays the foundation for healthy development and provides children with the beginning tools they need to reach their developmental potential. Secure attachment serves as a platform for the child to become an active, responsible member of society.

Insecure attachment develops when, because of the way the caregiver responds to the infant when the infant expresses attachment needs, he does not trust that the attachment object will be there for him. This may result in either anxious or avoidant attachment. In either case, the infant does not experience the security of knowing the attachment object can be relied upon, and therefore is unable to explore his world with confidence. Insecure attachment is associated with low self-esteem and an unwillingness or inability to form close relationships because of a lack of trust in others. About 20 percent of children lack this important foundation of a secure attachment for development. Subsequent to the definition of these three attachment styles, a fourth was discovered. This fourth style was labeled *disorganized*. Children with disorganized attachment lack a strategy for forming an attachment and for managing anxiety during separation from the attachment object. They are unable to develop a consistent internal working model (see below). This most extreme form of insecurity emerges in the context of abuse and trauma.

There are long-term consequences for these early attachment experiences which make attachments very important for the long-term mental health and wellbeing of individuals.³ A healthy, secure attachment is associated with a high probability of good, secure friendships and intimate relationships with others in life, as well as lower risk of various mental health difficulties. An insecure attachment on the other hand is associated with a wide range of emotional and behavioral difficulties in both childhood and adulthood.

A key conceptual idea in attachment theory is the notion of internal working models. These are mental representations of the availability of the attachment object and what to do when the attachment system is activated. These internal working models develop through the process of internalizing experiences with attachment objects both early in life with the first caregivers and in subsequent relationships. Specific sets of attitudes, beliefs, emotions, thoughts, and “if/then” expectations reflect different levels of trust in the attachment object: secure attachment is associated with high trust, preoccupied or anxious attachment is associated with moderate levels of trust, and avoidant attachment is associated with low trust. Essentially, these internal working models express basic themes about the dependability of others in terms of our own personal needs. These themes can be phrased as

- I can depend on others (secure).
- I might be able to depend on others (preoccupied or anxious).
- I cannot depend on others (avoidant).

Internal working models are activated when people feel ill, fatigued, stressed, or in pain. They are also activated when environmental factors are threatening (either due to physical or psychological threats or fear that the individuals might lose or be separated from their attachment object). Working models are important because they promote emotion regulation by helping people lower and contain their anxiety in stressful situations.

If one looks at the caregivers of children with different attachment styles, we can see a pattern of relationships between them

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suggesting that the attachment styles are adaptive responses to the kind of care children have received. If children receive sensitive and responsive caregiving—that is, they experience their caregivers as able to discern their expression of need and be responsive to those needs—then they develop a secure attachment style: their expectations are that they will be safe and their needs will be met. If they experienced care that is rejecting, they learn that their needs will not be met and, in fact, that they are not worthy of their needs being met; they cannot count on their caregivers, and they develop an avoidant attachment style. If they experience inconsistent and unpredictable care, then they become vigilant because they are unable to determine whether or not their needs will be met. This results in an anxious attachment style. Finally, those who experience abuse or traumatic loss develop the disorganized attachment described above.

In infancy, attachment is very important for the individual's development.⁴ In addition to the fundamental function of keeping the infant close to the caregiver, the attachment relationship provides a context in which developing individuals can safely explore their environment. The attachment object provides important stimulation that helps children learn emotional and behavioral self-regulation. The attachment relationship is also important in the development of one's core belief systems and creates the foundation for the development of one's identity. It is the context in which one's moral framework develops, and protects and buffers individuals against stress and trauma.

Adult attachment theory

Our understanding of the importance of attachment expanded significantly after Hazan and Shaver⁵ discovered that adult romantic relationships could be understood as attachments and that attachment styles continue to be distinctive in individuals into adulthood. Through a simple test in which they asked adults to endorse one of three descriptions of how they feel about relationships, these authors discovered that adults also showed secure, anxious, and avoidant attachment styles in their adult romantic relationships. This led to a second explosion of research, which has recently been summarized by Mikulincer and Shaver.⁶

Bartholomew and Horowitz⁷ suggested that the four attachment styles relate to how individuals view themselves and others. They suggest the following relationships:

Model of Other	Model of Self	
	Positive	Negative
Positive	Secure: comfortable with intimacy and autonomy	Preoccupied with relationships, not sure they are worthy
Negative	Dismissing of intimacy and counter-dependence, cannot trust others to care	Fearful of intimacy and socially avoidant

Thus, we see a relationship between how one's caregiver relates to a person, which relates to attachment style and internal working model, including expectations about oneself and other people in one's life. Researchers have shown that there is continuity between

childhood attachment relationships and adult attachment style that in turn predicts the attachment styles of their own children.

The picture I have drawn above suggests continuity between early experience and later relationship functioning. It is indeed true that our first relationships shape us, both in terms of who we believe we are and in terms of what we expect from others with whom we are in relationship. However, attachment theory also suggests that these effects of early experience are malleable and can be altered by later experience. Supportive experiences with a spouse, friend, or therapist can promote what is described as earned attachment security. That is, with a healthy experience of a positive, secure attachment relationship in adulthood, individuals with less than optimal childhood experiences can grow into healthy, secure attachment relationships.

Attachment to God

As the field of attachment theory developed, adult attachment researchers began to consider how one's relationship with God might be considered an attachment relationship.⁸ Could God be a secure base? Conceptualizations of God by these researchers are very secular. More recently, there have been some fascinating efforts to analyze attachment to God from a theological perspective. I will be reviewing some of these efforts in the remainder of this article. This research has examined how attachment to God looks similar to parental attachment, what proximity maintenance in response to separation or loss would look like in the context of attachment to God, God as a safe haven and secure base, as well as individual differences in how people relate to God. Finally, there have been some interesting developments in understanding attachment from the perspective of Trinitarian theology upon which I will touch.

Psychological research on attachment to God

As evangelical Christians, we speak about "having a personal relationship with God." That relationship, characterized by a centrality of love, appears similar to attachment relationships, both in infancy and adulthood. Furthermore, descriptions of God's attributes are similar to parental attributes. For example, we think of God's availability to us in times of need, his benevolence toward us, the safety of his presence, etc. Freud, the father of psychoanalysis, rejected God as a real being and explained human religious experience in terms of the concept he described as projection—that is, we have an earthly father, and, to address our insecurities about living in such a dangerous universe, we project an exalted father figure into the idea of God. Attachment researchers do not want their ideas of exploring attachment to God to be understood in terms of this projection. Their alternative view sees God as an exalted attachment figure. One distinctive from Freud is that God images contain just as many traditionally maternal as traditionally paternal attributes.

There are some difficulties, however, with drawing a one-to-one correspondence between human attachment and attachment to God. For example, a hallmark of the attachment system is that it functions to maintain proximity in response to threat or in response to separation or loss of the attachment object. God is

omnipresent, one of his incommunicable attributes. He is, therefore, always near, by definition. However, as we all know, what we understand cognitively to be true of God we do not always experience in the moment. Therefore, the attachment system provides a means for making God's presence to us more immediate, personal, and concrete. We can do this by singing hymns ("Nearer my God to Thee"), going to "God's home" (church), and prayer, the most direct and salient means of attaining closeness to God. For similar reasons, it is difficult to observe a response to separation from or loss of God: separation from God is impossible. However, we can experience the emotional sensation of an awareness of contact with God and hence can experience psychological separation. This may help us to understand experiences reflected throughout the history of the church and captured with phrases such as "dark night of the soul," or "wilderness experience." Mother Teresa's posthumously published personal journals are replete with expressions of separation protest:

since age 49 or 50 this terrible sense of loss . . . this loneliness, this continual longing for God—which gives that pain deep down in my heart . . . there is no God in me—when the pain of longing is so great—just long and long for God—and then it is that I feel—he does not want me—he is not there. . . . God does not want me—he is not there. . . . God does not want me—sometimes I just hear my own heart cry out—"my God" and nothing else comes.⁹

While separation from God is difficult to conceptualize, it is very easy to see how one might relate to God as a safe haven. People are most likely to turn to God when they face situations that Bowlby believed activated the attachment system: illness, injury, fatigue, frightening events, separation from or loss of loved ones. The most likely response in these circumstances for those who believe in a personal God is prayer, which establishes contact with God. Establishing proximity to one's safe haven in the face of threat is at the heart of attachment.

One area of psychological research on attachment to God has looked at God as a safe haven. This research has shown that sudden religious conversions are most likely to occur during times of severe emotional distress and crisis. Experimental work suggests that perceiving a threat does not have to happen at a conscious level to result in an increase in God-related thoughts. When one experiences the death of a loved one or separation from loved ones (for example, when one spouse is deployed to a war zone), researchers find that religious behavior and prayer in particular tend to increase.

Religious beliefs, or faith, have been found to be correlated with coping successfully with bereavement, or loss of one's spouse. For example, one study of elderly Americans found that spiritual beliefs increased among those recently widowed compared to matched controls. Interestingly, church attendance did not. That is, the intrinsic relationship with God made the difference rather than external religious behaviors. Furthermore, the level of grief over the loss of a spouse decreased as a function of how significant the bereaved person's religious beliefs were to them. To put it another way, the stronger one's faith, the more

manageable the grief—or, more poetically, we "may not grieve as others do who have no hope" (1 Thess 4:13 NRSV).

The above described studies are correlations. To show more confidently a causal relationship, experimental research has also been used to examine attachment to God. When believers were primed with a subliminal threat of the loss of a significant human attachment (e.g., "mother is gone," aiming at the person's principal attachment in childhood), the research participants showed an increased desire to be close to God.

We may also perceive God as a stronger and wiser secure base for us as we face difficult experiences and uncertain futures. Bowlby said that children regarded their attachment figures as stronger and wiser than themselves, making them especially appropriate secure bases. Believers perceive God as much stronger and wiser than themselves. We use the terms *omnipotent*, *omniscient*, and *omnipresent* to describe God with respect to these attributes. Research has supported this understanding. Psychological researchers describe this approach to God as *intrinsic religiousness*. Intrinsic religiousness has been found to correlate with both freedom from worry and guilt and a sense of personal confidence and control. Typically, following a religious conversion, people report an increase in a sense of wellbeing and considerable decrease in distress. That is, individuals experience felt security from their encounter with God. The aspects of religious belief that relate most strongly to psychological wellbeing are the ones consistent with the "religion as attachment" model: divine relationships; prayer, particularly, the experience of God during prayer; and belief in having a personal relationship with God. Once again, church attendance did not relate to psychological wellbeing.

The consequence of perceiving one's relationship with God depends upon whether that perceived attachment is secure or insecure. Adults who described their relationship with God as secure (that is, warm and responsive) scored lower on measures of loneliness, depression, anxiety, and physical illness, and higher on general life satisfaction than those who were avoidant (viewing God as distant and rejecting), or anxiously attached (viewing God as inconsistent and unreliable). The psychological benefits of perceiving God as a secure base are greater when other attachment relationships are insufficient or unavailable. For example, respondents who said their mothers were relatively insensitive, but perceived God to be a reliable, secure base, appeared to benefit most from their relationship with God.

Two theories have been proposed to explain the individual differences described above in attachment to God: the compensation hypothesis and the correspondence hypothesis.¹⁰ Both assume that the form of attachment that develops in infancy impacts our view of our relationship with God. The compensation hypothesis says that, if an individual anticipates that efforts to maintain proximity to and receive comfort from an attachment object will fail, the attachment behavior will be directed toward a substitute object, in this case, God. The correspondence hypothesis says that there is a continuity of attachment patterns across time due to the development of internal working models of self and other. Therefore, the correspondence hypothesis suggests that the type of attachment formed with human caregivers will correspond to the attachment style displayed with God.

Several studies have tested these two hypotheses. The primary way these studies approach the question is to examine the relationship between experiences of insensitive caregiving or insecure attachment styles and the ability of the relationship with God to regulate attachment-related distress. Interestingly, research conducted to date supports both hypotheses. That is, the data suggest that a secure attachment relationship with God can compensate for poor caregiving that leads to insecure attachment and that the type of attachment we experience with our human caregiver does to some extent shape the way we respond to God.

Interestingly, it is not just our attachments to our parents that shape our relationship expectations with God. For example, over a four-year period, women with anxious romantic attachments were found to establish a new relationship with God and report new religious experiences more often than securely attached women. That is, insecure romantic attachments in women predict conversion experiences and secure attachments to God. In addition, religiousness decreases for individuals who have reduced need to regulate distress because of establishing a new, secure romantic relationship. Thus, there appear to be complex interactions and directions of effect between our human relationships and our relationship with God. Our parents and partners shape and influence our perception of God, and our relationship with God can protect us from failings in our human companions. (“Though my father and mother forsake me, the Lord will receive me” [Ps 27:10, TNIV].)

To summarize the psychological research on human attachment and attachment to God, we may conclude the following: The pattern of relationship with God looks like attachment relationships with people. There is support for both compensatory and correspondence theories of the relationship between human and divine attachments. This research typically studies Christians because of our belief in a personal God. However, the studies are typically done from a secular perspective and are not grounded in theology, since these researchers are secular and have no theological basis for understanding the idea of a personal God.¹¹ The models driving this research are grounded in a cognitive developmental framework. The developing child, in this model, acquires a capacity for symbolic thinking and theory of mind. These abilities then allow the adult to attribute similar relationship features to unseen others, in this case, God.

Theology of attachment to God

Clearly, psychological theories of attachment to God have developed as analogs of human attachments. Little attention has been paid to the ways in which God might be different from human attachment figures. For example, God is not a physical being, so proximity becomes nonliteral. Separation from God is also problematic, given that God is omnipresent. Although most research in this area is conducted with Christian believers, psychologists presume the results apply across all monotheistic religions—and

even to religions in which God is seen as impersonal and distant. The presumed direction of influence is human attachments shaping or mediating attachments to God without theological considerations that might suggest that the direction of effect actually goes the other way. While attachment researchers do not want their research on attachment to God to be associated with Freud’s idea of projection of a father image, it is difficult not to see such a connection.

The primary theologian cited by the psychology researchers is Gordon Kaufman.¹² Kaufman’s theology is rooted in existential and historical analysis. He believes God cannot be known directly, but only through symbols constructed throughout history. He views God as utterly transcendent and, therefore, it is impossible to have direct experience of God. In fact, he grounds his concept of God not in biblical revelation, but on “what is an appropriate focus for human devotion and service.” His view of attachment to God, then, is limited to a cognitive perspective: we can only know God as symbol. Research on attachment to God, however, shows that people do not consider God to be a symbol nor impersonal, but rather a personal being with whom they have a relationship. Therefore, not only is Kaufman’s theology inadequate for an evangelical, but even for these secular psychologists interested in research on attachment to God.

What is more likely is that God created the capacity for attachments in us in order to form a foundation for attachment to himself, and this primary capacity also allows us to form attachments with other human beings. God himself is the foundation for our capacity to form attachments to him and, therefore, also to one another. That foundation is found in the very nature of God as the Trinity, a perfect, loving community of three persons in one being.

Historically, discussions of the Trinity have emphasized establishing orthodoxy—that is, what are the right things to believe about the nature of the Trinity. Contemporary discussions have shifted attention more toward what we might call orthopraxy: how we should live in light of God’s truth. When the orthodox view of the Trinity was formulated, the church fathers recognized that God was one being in three persons. These three persons’ relationship to one another was described as *perichoresis*, or coinherence, or mutual interpenetration.¹³ Each person of the Trinity is an individual while each also shares in the life of the other two.

In contemporary evangelical thought, the emphasis recently has been on the idea that we are made for relationship: first with God and then with each other. The divine relationships among the persons of the Trinity are the foundation for this and the model for human relationships. Thus, it has been argued that this relational quality, most specifically in the one-flesh relationship of marriage, is an aspect of the image of God in human beings. The Trinitarian view of mutuality and self-giving love both explains and motivates human relationships. Thus, contrary to the psychological models, human relationships are derived from the Trinity’s mutual relationships.

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There are some capacities that human beings must have in order for attachment to God to be possible. First is the subjective knowledge of God. Subjective or experiential knowledge comes through the incarnation. The Son enters the world and transforms relationships with human beings. Through his transforming work accomplished on the cross, we are enabled to have experiential knowledge of God. Second is objective knowledge of God. Objective or propositional knowledge of God comes through the written word and through God the Son's demonstration that God is love through his life, death, and resurrection. Thus, the human capacities for attachment derive from and are grounded in God's existence as three persons in loving relationship and communication of that love to us in both experiential and propositional knowledge. We love because God is love and experiences perfect love in the community of the Trinity and because "He first loved us" (1 John 4:19 NRSV).

In psychological research on attachment to God, cognitive/affective explanations of attachment propose that attachment to God develops because mental representations of attachment to caregivers provide a template for religious socialization. This implies no actual direct relationship with the God who exists. At best, it suggests humans relating to representations of God based on their experience of human relationships. These attachment representations are understood to be unconscious. Therefore, the origins and understanding of attachment formation, style, and object is inaccessible to the person.

Trinitarian theology, in contrast, explains that human beings are created for relationship with God. Therefore, longing for God arises because we are made for relationship with God. The psychological and biological processes necessary for the attachment system to exist, and for attachment relationships to develop, are there because we are made in the image of the triune God. These attachment potentials then manifest themselves in human relationships as a living out of that image of God, distinct persons in a united love. Attachment to God, then, is not a projection or generalization of human attachments. Rather, it is based on the spiritual ontology of human beings created in the image of God, the unity of mind, body, and spirit given by God in creation, with our capacity for human relationship being an outworking of this unity and these capacities. This essentially reverses the order of priority present in the psychological research on attachment to God. Relationship with God is primary. We relate to others *because* we are capable of relating to God, being made in his image.

This does not minimize the importance of human relationships in the development of our capacities for attachment. While the Holy Spirit gives these capacities, they are developed in us in our primary attachment relationships in infancy, childhood, and into adulthood. These capacities can then be expressed in an attachment relationship to God, with God being sought out as a haven of safety and secure base. The implications for caregivers are profound: caregivers who promote secure attachments can be seen as fulfilling a spiritual task because they are developing the capacity for a person to be able to experience relationship with God and to enter into a trusting and secure relationship with a God who is seen as safe and loving. Parents, congregations, and

church leaders add to this experiential knowledge of attachment by teaching about God so that implicit attachment experiences may expand to include propositional or objective knowledge of God, grounded in God's self-revelation in Scripture.

A thoroughly Trinitarian theology, then, gives us the foundation for understanding the purpose and significance of "we were made for relationship" and the source of our capacity and predilection to form attachments to others. Trinitarian theology is consistent with both correspondence and compensation models of attachment. Secure attachments to a caregiver provide the unconscious template for secure attachments to God, and insecure attachments may make secure attachment to God problematic. However, the Holy Spirit can and does provide knowledge of the Father for the fatherless, and Scripture includes mother imagery of God for those without healthy mother relationships, compensating for the example of inadequate or absent caregivers. The unconscious relational representations of God that are formed may also be altered by teaching about God as loving and relational, especially as modeled within a healthy, loving Christian community. Scripture is replete with references to God as love, and with teaching and demonstration about how this unfolds in the context of the Christian life and community, in love for one another and for the creation over which he has made us stewards.

Notes

1. J. Bowlby, *Attachment* (New York, NY: Basic Books, 1982); J. Bowlby, *A Secure Base: Parent-Child Attachment and Healthy Human Development* (New York, NY: Basic Books, 1990).
2. M. Ainsworth, M. Blehar, E. Waters, and S. Wall, *Patterns of Attachment* (Hillsdale, NJ: Erlbaum, 1978).
3. R. Karen, *Becoming Attached: First Relationships and How They Shape Our Capacity to Love* (New York, NY: Oxford University Press, 1998).
4. P. Fonagy, G. Gergely, and M. Target, "The Parent-Infant Dyad and the Construction of the Subjective Self," *Journal of Child Psychology and Psychiatry* 48 (2007): 288–328.
5. C. Hazan and P. Shaver, "Romantic Love Conceptualized as an Attachment Process," *Interpersonal Relations and Group Processes* 53 (1987): 511–24.
6. M. Mikulincer and P. R. Shaver, *Attachment in Adulthood* (New York, NY: Guilford, 2007).
7. K. Bartholomew and L. M. Horowitz, "Attachment Styles among Young Adults: A Test of a Four-Category Model," *Journal of Personality and Social Psychology* 61, no. 2 (1991): 226–44.
8. P. Granqvist, M. Mikulincer, and P. R. Shaver, "Religion as Attachment: Normative Processes and Individual Differences," *Personality and Social Psychology Review* 14 (2010): 49–59; D. F. Reinert, C. E. Edwards, and R. R. Hendrix, "Attachment Theory and Religiosity: A Summary of Empirical Research with Implications for Counseling Christian Clients," *Counseling and Values* 53 (2009): 112–25.
9. B. Kolodiejchuk, ed., *Mother Teresa: Come Be My Light: The Private Writings of the Saint of Calcutta* (New York, NY: Doubleday, 2007), 1–2.
10. L. A. Kirkpatrick, "An Attachment-Theory Approach to the Psychology of Religion," in B. Spilka and D. N. McIntosh, eds., *The Psychology of Religion: Theoretical Approaches* (Boulder, CO: Westview, 1997).
11. M. Minor, "Back to the Basics in Attachment to God: Revisiting Theory in Light of Theology," *Journal of Psychology and Theology* 35 (2007): 112–22.
12. Minor, "Back to the Basics," 112–22.
13. Minor, "Back to the Basics," 112–22.